

## Responsible Change to Achieve Easy Access, Better Quality and Personal Outcomes

In the managed care environment under a 1915(b)(c) waiver, a number of activities that are associated with case management become the responsibility of the Local Management Entity (LME)/Managed Care Organization (MCO). The LME/MCO refers to these functions as “care coordination.” This is consistent with the way case management is provided in other healthcare settings all across the country and is similar to the model used by Community Care of North Carolina (CCNC) for the management of care for high risk consumers served by Medicaid in primary care practices. Care coordination in the 1915(b)(c) waiver is specifically focused on the unique needs of individuals with mental health, substance abuse, and developmental disabilities.

Care Coordination in an LME/MCO provides the following supports to consumers:

- Education about all available MH/SA/DD services and supports, as well as education about all types of Medicaid and state-funded services
- Linkage to needed psychological, behavioral, educational, and physical evaluations
- Development of the Individual Support Plan (ISP) or Person Centered Plan (PCP) in conjunction with the recipient, family, and other all service and support providers
- Monitoring of the ISP, PCP, and health and safety of the consumer
- Coordination of Medicaid eligibility and benefits

Targeted Case Management (TCM) is not a service available under the 1915(b)(c) waivers, except where incorporated into integrated services such as Multi-Systemic Therapy, Intensive In-Home, Community Support Team, and Assertive Community Treatment Teams (ACTT). TCM is not a stand-alone service for any disability group under the 1915(b)(c) waivers.

Recipients with intellectual and developmental disabilities (I/DD) have expressed concerns about the need to have an advocate in the treatment planning process. CMS requires that the LME-MCO “care coordinator” develop a plan that accurately reflects the consumer’s goals for habilitation, support, and community integration. In addition, in the (c) waiver (NC Innovations), there is a service called Community Guide, which will be part of the service array for people with intellectual and other developmental disabilities (I/DD). Community guides play a very important advocacy and community linkage role for consumers. Agencies that currently offer TCM to people with I/DD will be able to offer this Community Guide service in place of TCM.

While Community Guide is not the same as I/DD TCM, the service does play a very important role to :

- Provide first-hand information on providers,
- Assist in locating and accessing social, educational, natural and community resources,
- Assist in forming and sustaining the relationships that allow a person to experience meaningful community integration and inclusion,
- Advocate and collaborate with other individuals to support the life goals of the person with I/DD, and
- Support the individual and family in preparing, participating in and implementing the person-centered plan.

MH/SA TCM has been a challenge to implement for the mental health and substance abuse populations and many CABHA providers have indicated it is not a service that can be provided successfully under the current fee for service cost model. In a managed care environment, an LME/MCO has the flexibility to set provider payment rates and establish provider contracts directly with CABHAs to support their fiscal integrity. For example, an LME/MCO could pay an enhanced rate for the psychiatric and outpatient services provided by a CABHA. Since CABHAs are valued comprehensive service providers in the provider network it can be expected the LME/MCOs would work with their providers and support their viability.

While the 1915(b)(c) waiver changes how case management is offered in North Carolina it also offers new opportunities to better coordinate care and offer greater cost efficiencies. This will allow more North Carolina consumers to receive services and will provide better financial support to providers of MH/DD/SA services.